

## TEMPLATE – FUNDING OPTION 1 (DI)

This communication is to inform you of the allocation of an IO waiver, which is eligible for funding by the Ohio Department of Developmental Disabilities (DODD), for \_\_\_\_\_. This waiver is being approved as a result of the Developmental Center (DC) reduction process. The \_\_\_\_\_ County Board (CB) has elected to receive \$37,000 in waiver allocation for this individual. These funds will be added to the county’s waiver allocation and will remain with the county unless the individual dis-enrolls from the waiver and returns to the DC within two years of enrollment.

We have determined \_\_\_\_\_ is eligible for the Community Integration add-on. **[CONFIRM]**

This letter authorizes you to put \_\_\_\_\_ on your PICT. Please complete the following steps in order to receive the waiver allocation for \_\_\_\_\_:

1. \_\_\_\_\_ must be on your CB’s IO waiver waiting list and “DI” must be selected as the Available Priority.
2. Create a PICT record for \_\_\_\_\_:
  - a. Enter Projected Enrollment Year (current year)
  - b. Enter Projected Enrollment Quarter (current quarter)
  - c. “De-Institutionalization” should auto-populate as the Available Enrollment Reason based on the waiting list record.
  - d. Select Save
3. Email [waivercapacity-support@list.dodd.ohio.gov](mailto:waivercapacity-support@list.dodd.ohio.gov) to inform the Department the PICT record has been submitted and you are requesting the allocation letter.

You will receive a regular IO waiver allocation letter for \_\_\_\_\_ from the Department.

As with all other DODD waiver applications please remember the following:

1. The CB should verify Medicaid Eligibility.
2. The CB must submit the 2399 Form to local JFS.
3. The CB must submit a complete waiver application to the department.
4. The Waiver begin date cannot precede receipt date of a complete initial waiver application at the department.
5. Waiver enrollment is contingent upon level of care determination and Medicaid eligibility.
6. Medicaid (local JFS) often impacts the actual waiver begin date.
7. Once enrolled the County Board submits PAWS using the COMM match source.
8. Providers should not submit claims for services provided until the person is enrolled and the PAWS has been entered by DODD.

Since \_\_\_\_\_ has lived at \_\_\_\_\_ for more than 90 days, he would be eligible to utilize the Home Choice option for start-up costs. Following is the website/contact information:

<http://jfs.ohio.gov/OHP/Consumers/HomeChoice.stm>. There is \$2,000 available from this for community transition funding and \$5,000 for the SSA’s transition coordination.

If you need capital housing dollars associated with this move, please complete and return the attached Community Capital Assistance Letter of Intent form to [troy.mccollister@dodd.ohio.gov](mailto:troy.mccollister@dodd.ohio.gov).

Please feel free to contact me at [ginnie.whisman@dodd.ohio.gov](mailto:ginnie.whisman@dodd.ohio.gov) or (614) 644-6319 with any questions. Thank you.